									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOF								10-748-177						
Effective October 1, 2003								i	<u>T</u>) - 1F	t 80	<u>-177</u>	···-	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			29					RATE	=	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			29 minus 20=		* 9			X\$ 9=		81	OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		*	$\overline{\partial}$	7		_	D_{\perp}	1	X86=		
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT		<u> </u>						OR			
<u></u>			1		. "0" :		+145	=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2									L	466	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	.L 8	ENTITY	OR	OTHER SMALL		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										ADDI-	1		ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	Ξ	TIONAL		RATE	TIONAL FEE	
	Total	*	Minus	**		=] [X\$ 9=	=		OR	X\$18=	•	
	Independent	*	Minus	***		=]	X43=			OR	X86=		
_	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT	CLAIM		J ∣	+145=				+290=		
		,					L	TOT			OR	TOTAL		
								ADDIT. FI			OR	ADDIT. FEE		
		(Column 1) I CLAIMS	· · · · · · · · · · · · · · · · · · ·	(Colur		(Column 3)	7 .		_					
NDMENT B		REMAINING AFTER		NUM! PREVIO	BER	PRESENT EXTRA		RATE	:	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AMENDMENT		PAID			┨┠		4	FEE			FEE	
	Total	*	Minus	**		=	1 [X\$ 9=			OR	X\$18=		
AMEND	Independent	*	Minus	***	CLAIM	=	┨ ┃	' X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										CR'	+290=		
								+1:45= TOT/				TOTAL	•	
								ADDIT. FE			OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST														
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=]	X43=	1		OR	X86=		
٥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										Uh			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												total addit. Fee		
	The "Highest Num	nber Previously Pai	d For" (Total o	r Independe	ent) is the	highest number	er fou	nd in the	арр	ropriate box	c in col	lumn 1.		